

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317
FILED OCT 26 1962

Primary Registration District No. 590

Registrar's No. 2923

62-041185
STATE FILE NUMBER

VS 300
Rev. 4/59

14036

24036

3

4 0

5 1

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7 1

8 2

9 1930

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12 90-0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Pine Lawn

Length of stay in 1b

6 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 4612 Edgewood Blvd

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY OR TOWN

Pine Lawn

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location) 4606 Edgewood Blvd.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

OTTO

DONALD

THUERKOFF JR.

4. DATE OF DEATH

Month

Day

Year

October

7

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married

Widowed ☐ Never Married ☒ Divorced ☐

8. DATE OF BIRTH

3/7/1925

9. AGE (last birthday)

37 years

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

salesman

10b. KIND OF BUSINESS OR INDUSTRY

insurance

11. BIRTHPLACE (City and state or country)

Alton, Illinois

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Otto Thuerkoff Sr.

13b. MOTHER'S MAIDEN NAME

Angele Favre

14. NAME OF HUSBAND OR WIFE

Virginia Thuerkoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II & Korean

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Virginia Thuerkoff - 4606 Edgewood Blvd.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Malignant Brain Tumor (glioblastoma)

INTERVAL BETWEEN ONSET AND DEATH About 1 1/2 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-3-1961 to 10-7-62 and last saw him alive on Aug 22, 1962. Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. F. Montgomery M.D.

22b. ADDRESS

110 S. Central Ave Clayton

22c. DATE SIGNED

10-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

Oct 10, 1962

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

23e. STATE

Missouri

24. FUNERAL DIRECTOR

ADDRESS

BUCHHOLZ MORTUARY-5967 W. Florissant Ave

25. DATE RECD. BY LOCAL REG.

10-9-62

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.